

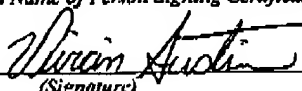
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. APP 1204
Applicant(s): Shinichi Baba et al.			
Application No. 09/693,019	Filing Date 10/20/2000	Examiner PHAN, Tri H.	Group Art Unit 2661
Invention: Method & System for Host Mobility Management Protocol			RECEIVED CENTRAL FAX CENTER NOV 03 2005

I hereby certify that this _____ **Response to Office Action of October 17, 2005**
(Identify type of correspondence)

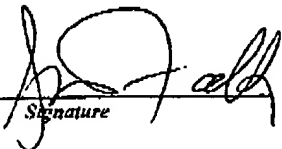
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on **November 3, 2005**
(Date)

Vivian Austin
(Typed or Printed Name of Person Signing Certificate)


(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. APP 1204	
Applicant(s): Shinichi Baba et al						
Application No. 09/693,019	Filing Date 10/20/2000	Examiner PHAN, Tri H.	Customer No. 09941	Group Art Unit 2661	Confirmation No. 7461	
Invention: Method and System for Host Mobility Management Protocol						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	1 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	13 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: November 3, 2005			
James W. Falk (Reg. No. 16154) Telcordia Technologies, Inc. One Telcordia Drive 5G116 Piscataway, NJ 08854-4157 Telephone (732) 699-4465			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

Appl. No. 09/693,019
Amdt. Dated November 3, 2005
Reply to Office action of October 17, 2005

APP 1204

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NOV 03 2005

Appl. No. : 09/693,019 Confirmation No. 7461
Applicants : S. Baba et al
Filed : October 20, 2000
TC/A.U. : 2661
Examiner : Tri H. Phan
Docket No. : 1204 US
Customer No. : 09941

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 17, 2005, in the above-identified application, please amend said application a follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.